

**Positive Behavior Supports**  
**Thomas J. Willis, Ph.D.**

**PBS Asserts That The People We Serve Have  
 The Right:**

- To be in and LIVE IN the COMMUNITY.
- To CHOOSE where they live.
- To an EDUCATION and a lifetime of learning opportunities.
- To be as INDEPENDENT as capable.
- To be ECONOMICALLY self sufficient (a job).
- To have FRIENDS and buddies.
- To have the opportunity to develop a full range of SOCIAL RELATIONS.
- To be treated with DIGNITY and RESPECT.
- To be FREE FROM PAIN, RESTRAINT, AND DEGRADING TREATMENT.
- AND SO ON

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**In Other Words!**

- People DON'T have to EARN living in the COMMUNITY!
- People DON'T have to EARN being in the COMMUNITY!
- People DON'T have to EARN the RIGHT TO AN EDUCATION!
- People DON'T have to EARN having a JOB!
- People DON'T have to EARN being with FRIENDS!
- People DON'T have to EARN DIGNITY AND RESPECT!
- People DON'T have to EARN OUT OF PUNISHMENT!

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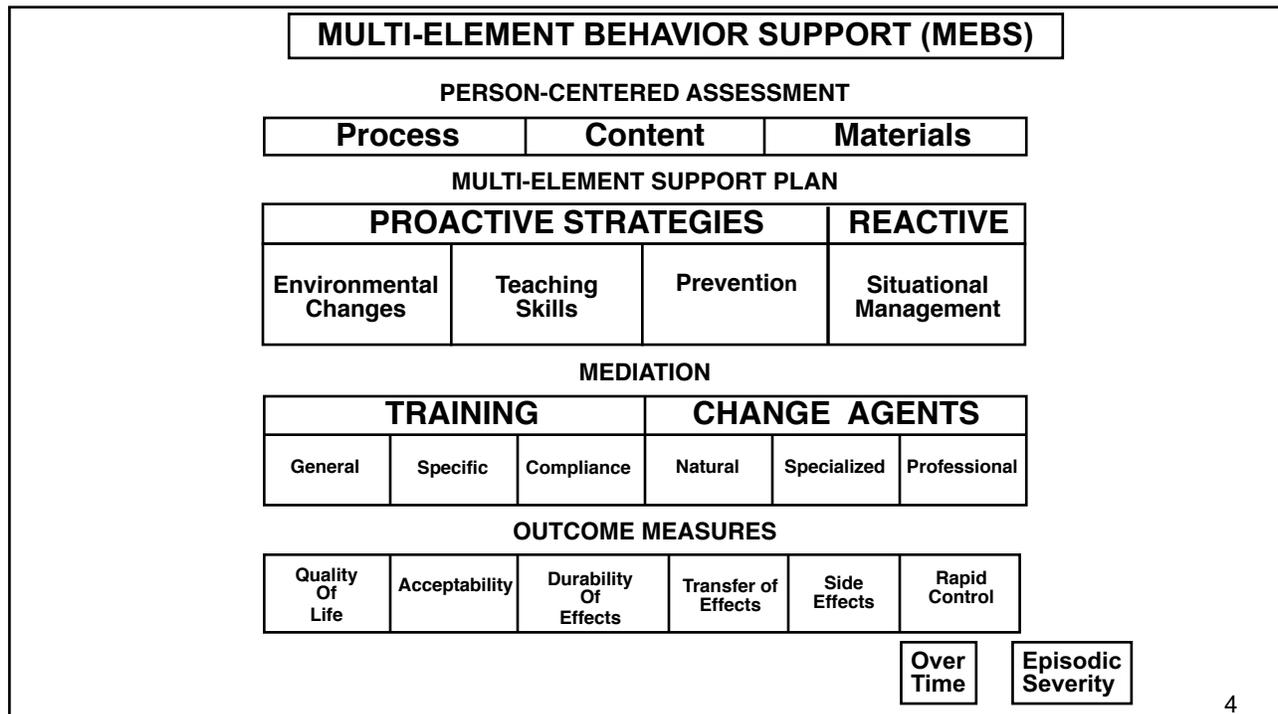
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**HOW ARE THESE LOFTY GOALS ACHIEVED?**

- Begins with a multi-dimensional approach to people with behavior challenges.
- Begins with a Multi-Element Behavior Support Model (MEBS).

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**Functions / Meaning of Behavior**  
 From the Person's Perspective

Linear Conclusion: Attention / Escape / Self-Stimulation

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• <b>Communication</b> <ul style="list-style-type: none"> <li>- "Go Away!"</li> <li>- "I Want."</li> <li>- "I'm Confused"</li> </ul> </li> <li>• <b>Acquire / Obtain</b> <ul style="list-style-type: none"> <li>- Food ("I'm really hungry.")</li> <li>- Attention ("Please talk to me!")</li> </ul> </li> <li>• <b>Escape / Avoid</b> <ul style="list-style-type: none"> <li>- Demand ("Don't talk to me that way!")</li> <li>- Loud Noise</li> <li>- Task ("It's too hard!")</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• <b>Increase / Decrease Sensory Stimulation</b> <ul style="list-style-type: none"> <li>- Tactile / Vibration</li> <li>- Intense Smell</li> <li>- Lights Flickering</li> </ul> </li> <li>• <b>Manage Negative Emotions</b> <ul style="list-style-type: none"> <li>- Anger at Being Touched</li> <li>- Anxiety Around Loud Noise</li> <li>- Anger at Criticism</li> </ul> </li> <li>• <b>Social Interaction</b> <ul style="list-style-type: none"> <li>- Greeting</li> <li>- Play</li> </ul> </li> <li>• <b>Neurological / Psychiatric / Medical</b> <ul style="list-style-type: none"> <li>- Blood Sugar</li> <li>- Seizures</li> </ul> </li> </ul> |
|--|--|

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**Overview of Functional Assessment**

- |   |   |
|---|---|
| <p style="text-align: center;"><b>Referral Information</b></p> <p style="text-align: center;"><b>Description Of The Person</b></p> <ul style="list-style-type: none"> <li>• Physical Characteristics</li> <li>• Likeability</li> <li>• Cognitive Abilities</li> <li>• Communicative Abilities</li> <li>• Motor / Perceptual Abilities</li> <li>• Self-Care Skills</li> <li>• Social Skills</li> <li>• Community Skills</li> <li>• Domestic Skills</li> <li>• Leisure / Recreation Skills</li> </ul> | <p style="text-align: center;"><b>Other Background Information</b></p> <ul style="list-style-type: none"> <li>• Family History and Background</li> <li>• Living Arrangement</li> <li>• Program Placement</li> <li>• Health and Medical Issues                             <ul style="list-style-type: none"> <li>• Rumination / Vomiting</li> </ul> </li> <li>• History of Treatment</li> </ul> <p style="text-align: center;"><b>Functional Analysis of Behavior</b></p> <p style="text-align: center;"><b>Mediator Analysis</b></p> <p style="text-align: center;"><b>Motivational Analysis</b></p> |
|---|---|

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Rumination and  
Regurgitation  
--  
"She does it on  
purpose!" Volitional

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### Referral and Background

- 37-year-old women
- Severe Intellectual Disability
- Committed to Large State Hospital for Many Years
- Life Time of Rumination and Regurgitation
- Historical View:
  - She is engaging in Self-Injurious Behavior (SIB)
  - Behavior represents a threat to her well being.
  - She knows what she is doing!

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Repeated Regurgitation / Rumination

- Erosion of the Esophagus
- Poor Nutrition
- Loss of Muscle Mass and Strength
- Erosion of Teeth and Skill (due to Stomach Acid)
- Social Isolation!!!!!!!!!!

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Referral and Background

- Treatment based on view that the behavior is a VOLITIONAL HABIT
- Treatment involved a variety of UNPLEASANT CONSEQUENCES:
  - Wash mouth with bad-tasting liquids
  - Forcibly removing regurgitated food
  - Removing her plate
  - Discontinuing her meal
  - Chastise

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**Functional Assessment**

- History
  - Frequency of behavior CYCLED
  - During periods of PUREED food – vomiting disappeared
  - During periods where PUREED food ABANDONED – vomiting returned
  - Suggested a MEDICAL ISSUE
  - RECOMMENDED:
    - Full medical exam including upper GI

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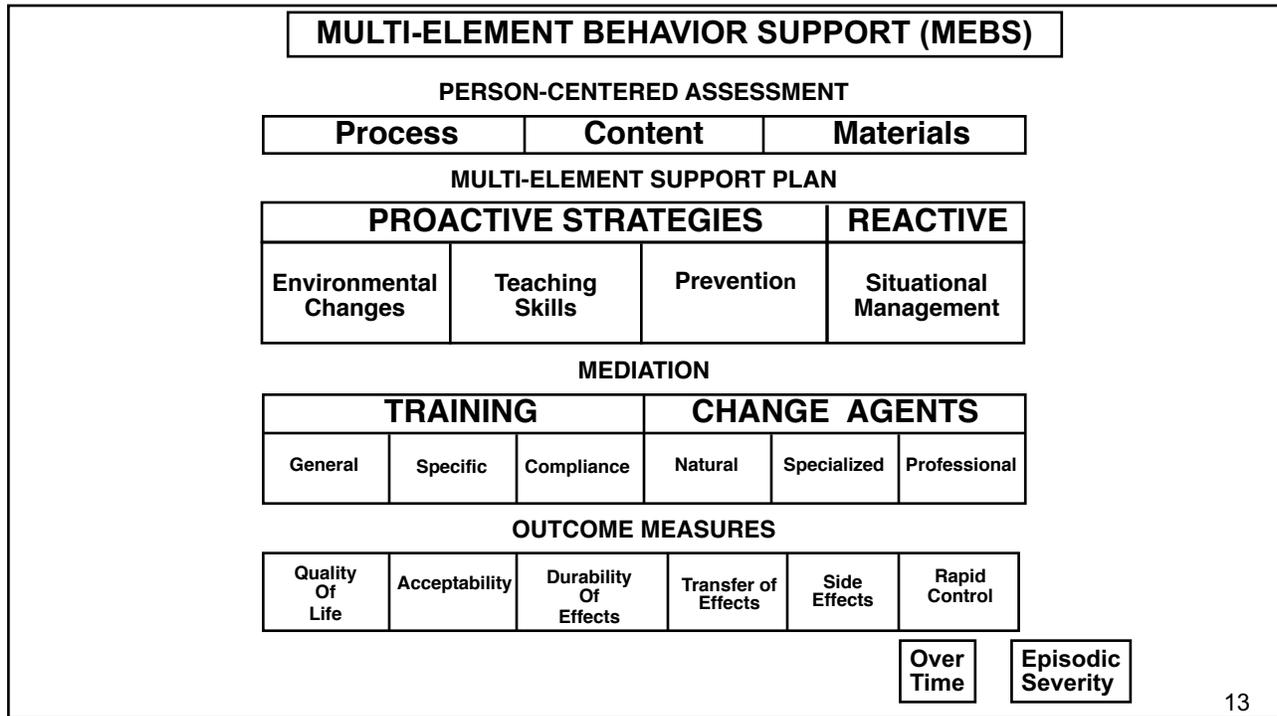
**Functional Assessment**

- Results of Medical Examination:
  - Anomaly - a constriction from esophagus into the stomach
  - Prevents all but small pieces of food and liquids from entering
- Treatment:
  - Gastroesophageal Sphincter Dilation
  - ENVIRONMENTAL RECOMMENDATION
- Results:
  - Rumination and Vomiting DISAPPEAR
  - UNFORTUNATELY
    - Left with long history of AVERSIVE CONSEQUENCES
    - NO friends

WHAT WOULD HAVE HAPPENED IF A FUNCTIONAL ANALYSIS WOULD HAVE BEEN DONE WHEN THE BEHAVIOR FIRST APPEARED

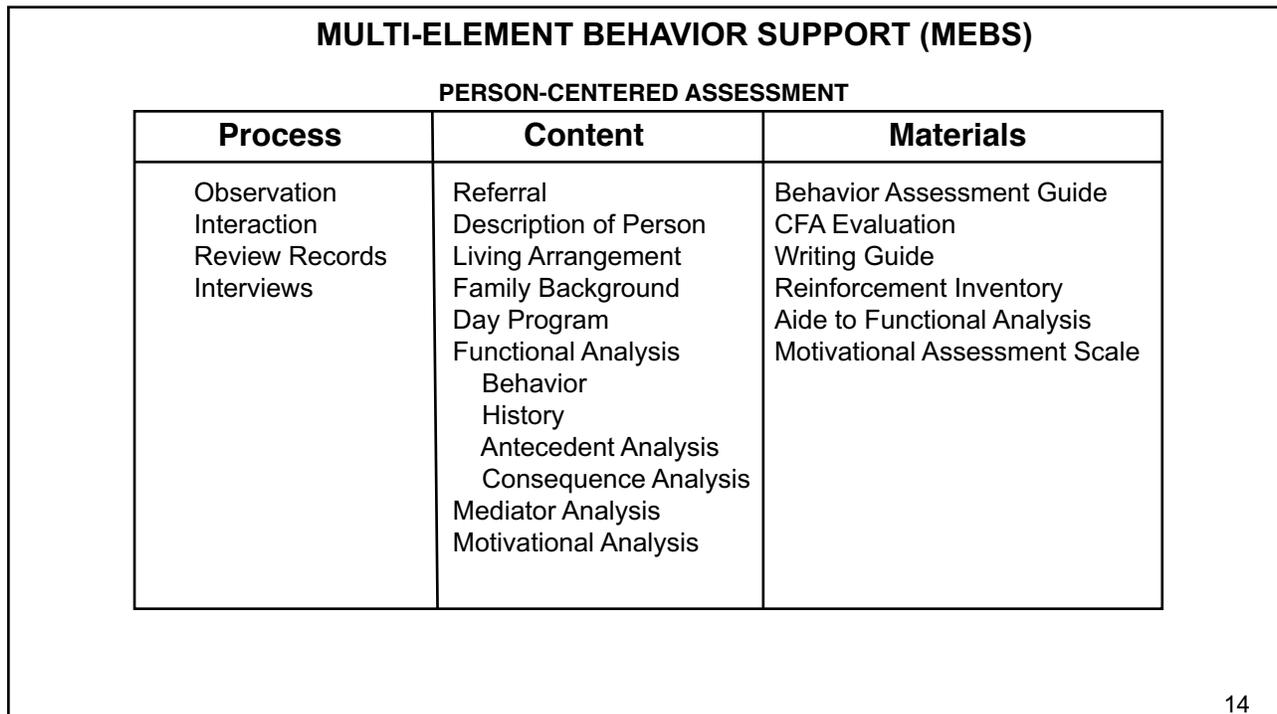
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**MULTI-ELEMENT BEHAVIOR SUPPORT (MEBS)**

PROACTIVE STRATEGIES			REACTIVE
Environmental Changes	Teaching Skills	Prevention	Situational Management
Location Noise Crowding Interaction Style Teaching Methods Objectives	Fun Skills Communication Independence ID Emotions Problem Solve Coping Skills Noise Crowd Wait	Trigger Control Do's and Don'ts Reinforcement Strategies Satiation Right Place _____ Neuropsych Med. Adjust Dietary Adjust	Active Listen Redirect Self-Monitoring Instructions Unexpected Events Capitulation Inter-positioning Protect Self Crisis Intervention

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**SERVICE DELIVERY**

TRAINING			MEDIATORS		
General	Specific	Compliance	Natural	Specialized	Professionals
The Skills To Do The Job:  <ul style="list-style-type: none"> <li>• Values</li> <li>• Rights</li> <li>• Data Collection</li> <li>• Reporting</li> <li>• Reinforcement</li> <li>• Non-Aversive</li> <li>• Active Listening</li> <li>• Competency - Based Training</li> </ul>	Behavior Plan Implementation  <ul style="list-style-type: none"> <li>• Protocols</li> <li>• Three-Tiered Training</li> <li>• Verbal Skills</li> <li>• Role Plan</li> <li>• Real Life</li> </ul>	Periodic Service Report  Standards Monitoring Feedback	Parents  Grand-Parents  Peers  Neighbors	Direct Staff  Behavior Analyst  Special Ed. Teacher and Aides  Behavior Service Manager	Psychiatrist  Physician  Speech Therapist  Occupational Therapist  Neurologist  Case Worker

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Gary

“I’m Going To Be Homeless and Die!”

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- Referral**
- Physical Aggression and Property Damage
  - Group Home Considering Re-Initiation of Medication
  - Parents Concerned About Side Effects of Medication
  - Gary Complained:
    - Have to Earn Everything
    - They Take Away Privileges
    - Restriction
    - Restrained Several Times a Week
  - Gary and Parents Wanted a Different Approach

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## Description of the Person

- 32-year-old man
- Autism / Schizophrenia, Disorganized Type
- Mild Intellectual Disability
- Excellent Communication and Independent Living Skills
- Concrete Thinking
- Great Interest in Almanacs
- Excellent Reader
- Proficient Pianist
- Flashbacks of Previous Treatment

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## Living Arrangement

- Current Living
  - Three-Bedroom Apartment with 2 Roommates
  - 1:1 Services 8-hours-a-day
  - Respite at Night
- Previous Living Arrangements
  - Treatment Group Home – 7 years
  - Residential School – 5 years

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## Group Home Treatment

- Tokens Reinforcement for Tasks
- Tokens Reinforcement for Toileting – Not Escape
- Remove Tokens for Repeated Questions / Statements -Punishment
- Reinforcement at End of Day – No Aggression
- Earn Community Access for No Aggression Week – Increase 60 Minutes Each Consecutive Week
- Restitution / Repair / Fix for Aggression – Punishment
- Restrict for 24 Hours for Aggression – Punishment
- Restraint for Agitation / Physical Aggression (Not Being Reported to Monitoring Agency)

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## CFA Highlights

- Property Damage
- Physical Aggression
- Communication (No! I'm Scared! I'm Bored)
- Coping (Worries, Disappointments, Fears)
- External Dependency – Has Never Learned to Solve Own Problems – Relies on Others
  - THIS WAS DETERMINED SEVERAL MONTHS AFTER ARRIVAL AT IABA

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<b>MULTI-ELEMENT BEHAVIOR SUPPORT (MEBS)</b>			
<b>PROACTIVE STRATEGIES</b>			<b>REACTIVE</b>
<u>Environmental Changes</u>	<u>Teaching Skills</u>	Prevention	Situational Management

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<h2>Treatment Strategies</h2>	
<p><b>Ecological Strategies</b></p> <ul style="list-style-type: none"> <li>- 1:1 SUPPORT</li> <li>- Own apartment</li> <li>- Schedule of exercise (Swimming / Walking)</li> <li>- Columbo Method (a system of indirect prompts) Mentored Self-Talk</li> <li>- Interactional Guidelines</li> <li>- <b>Good, quality psychiatric support.</b></li> </ul>	<p><b>Positive Programming</b></p> <ul style="list-style-type: none"> <li>- Independent living skills</li> <li>- Work knowledge.</li> <li>- Escape communication (Use words)</li> <li>- Social skills training</li> <li>- Relaxation training</li> <li>- Journal writing</li> <li>- Talk Time (4 times a day – flexible)</li> <li>- Problem solving through the almanac of solutions</li> </ul>

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## Important Findings - Later

- Three Big Incidents
  - Breaking Windows at Apartment
  - Throwing Trash Can
  - Damaging Car at Work
- Talk Him Down!!!!
- RE-ASSESS GIVEN NEW INFORMATION
- No Internal Control – All External.
- Concrete Learner
- Almanac of Solutions

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## Treatment Strategies

### Ecological Strategies

- Own apartment
- Schedule of exercise (Swimming / Walking)
- Columbo Method (a system of indirect prompts) Mentored Self-Talk
- Interactional Guidelines
- Self-monitored, concrete, weekly planner
- Almanac Of Solutions – Concrete Problem Solver
- **Good, quality psychiatric support.**

### Positive Programming

- Independent living skills
- Work knowledge.
- Escape communication (Use words)
- Social skills training
- Positive Self Talk (I Won't Be Homeless, No Big Deal)
- Relaxation training
- Journal writing
- Talk Time (4 times a day – flexible)
- CONCRETE PROBLEM-SOLVING DEVICE
  - ALMANAC OF SOLUTIONS

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■ Being harassed by weirdoes at the bus stop	9
■ Being kicked out of LA Goal	10
■ Buying a new bus pass	13
■ Breaking a window by throwing a chair	14
■ Carrying heavy groceries from the store to home	16
■ Calling parents too many times	17
■ Checkbook hiding place	18
■ Getting evicted	19
■ Etc.	

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Arriving Late To Dr’s Appointment – Page 4

- When I am afraid of being late for my Dr’s appointment, I won’t die.
- Many people are late for Dr’s appointments.
- Dr’s are often late for appointments.
- There are lots of things I can do to make sure that I will be on time.
- I can
  - ◆ Check my weekly planner to make sure that I won’t forget my appointment time.
  - ◆ Leave early to give myself extra time to arrive at the doctor’s office.
  - ◆ I can call the doctor and tell him that I might be late.
  - ◆ Make a new appointment if I have missed it.

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**Bank Not Cashing Check – Page 6**

- If I am often afraid that the bank will not cash my check and I won't have enough money.
- I need to remember that
  - ◆ I will always have enough money to eat and to survive. I WON'T BE HOMELESS AND I WON'T DIE.
  - ◆ The bank has refused to cash checks to other people in the past.
  - ◆ Other people know what to do. They examine their checkbooks and make sure that they have enough money in their account. If they don't have enough money in their account, they deposit more money so they can cash a check. Staff can help me do this. Staff always knows what to do.
- There are a lot of things I can do to make sure that the bank will cash my check.
  - ◆ I can:
    - ◆ Ask staff to check my check book before I go to the bank. Staff will tell me whether I can go to the bank, so I won't have any problems when I cash my check.
    - ◆ Ask staff to accompany me to the bank to give me support.
    - ◆ Leave the bank quietly if the bank has refused to cash my check. If this happens, I should go straight home and talk to staff about it. They will help me find a solution to my problems.

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**Teaching Method for Almanac**  
**Backward Chain**

- Staff - Locate Almanac
- Staff - Go to Table of Contents
- Staff - Identify Problem
- Staff - Go to Problem Page
- Staff - Read Problem
- Staff - Read Solution

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Teaching Method for Almanac  
 Backward Chain

- Staff - Locate Almanac
- Staff - Go to Table of Contents
- Staff - Identify Problem
- Staff - Go to Problem Page
- Staff - Read Problem
- Gary - Read Solution

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Teaching Method for Almanac  
 Backward Chain

- Staff - Locate Almanac
- Staff - Go to Table of Contents
- Staff - Identify Problem
- Staff - Go to Problem Page
- Gary - Read Problem
- Gary - Read Solution

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Teaching Method for Almanac  
 Backward Chain

- Staff - Locate Almanac
- Staff - Go to Table of Contents
- Staff - Identify Problem
- Gary - Go to Problem Page
- Gary - Read Problem
- Gary - Read Solution

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Teaching Method for Almanac  
 Backward Chain

- Staff - Locate Almanac
- Staff - Go to Table of Contents
- Gary - Identify Problem
- Gary - Go to Problem Page
- Gary - Read Problem
- Gary - Read Solution

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Teaching Method for Almanac  
 Backward Chain

- Staff - Locate Almanac
- Gary - Go to Table of Contents
- Gary - Identify Problem
- Gary - Go to Problem Page
- Gary - Read Problem
- Gary - Read Solution

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Teaching Gary to Use the Almanac  
 Backward Chain

- Gary - Locate Almanac
- Gary - Go to Table of Contents
- Gary - Identify Problem
- Gary - Go to Problem Page
- Gary - Read Problem
- Gary - Read Solution

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<b>PROACTIVE STRATEGIES</b>			<b>REACTIVE</b>
Environmental Changes	Teaching Skills	<u>Prevention</u>	Situational Management

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- ## Prevention Strategies
- Antecedent Control
    - Don't ignore
    - Respect and dignity
    - Don't talk about your own fears
    - Free access to bathroom
    - Avoid arguing with him
    - Be understanding / don't blame or hurry / take your time
  - REINFORCE for Absence of Aggression and Property Damage
  - 15 signatures = \$2.00 and pick -a-card.
  - REINFORCE for Fewer Perseverations

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Environmental Changes	Teaching Skills	Prevention	<u>Situational Management</u>

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<h2 style="margin: 0;">Reactive Strategies</h2> <p style="margin: 0;">What Do I Do when He Starts?</p>	
<ul style="list-style-type: none"> <li>• Facilitate Communication</li> <li>• Re-Direct to Almanac</li> <li>• Cue relaxation</li> <li>• Encourage to write in journal</li> <li>• Re-Direct to TALK TIME if can wait (flexible)</li> <li>• Help solve problem</li> <li>• Let's look at your ALMANAC!</li> </ul>	<ul style="list-style-type: none"> <li>• Talk him down – Verbalize the Almanac                             <ul style="list-style-type: none"> <li>– You won't be homeless</li> <li>– Your mom and dad won't let that happen</li> <li>– IABA will not let you starve</li> </ul> </li> <li>• Active listening</li> <li>• Stimulus change                             <ul style="list-style-type: none"> <li>– Phone Call from Mom</li> <li>– Director is on phone</li> <li>– Feign a personal problem</li> </ul> </li> <li>• Call for assistance</li> </ul>

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<b>MEDIATION</b>					
<b>TRAINING</b>			<b>CHANGE AGENTS</b>		
General	Specific	Compliance	Natural	Specialized	Professional
<b>Training / Supervision</b>			<b>Gary's Team</b>		
IABA CBT	Three Tiered	PSR	Family & Friends	1:1 Support	Psychiatrist

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- ## Quality of Life Experiences
- Own apartment / condo
  - Choice and control
  - Non-contingent life experiences
    - Phone
    - Community activities
    - Friends / parties / etc.
  - No restraint / loss of privileges
  - Job / McDonalds – JUST RETIRED
  - Play piano at retirement home
  - Friends / Dating / Girl friends
  - Sister is in his life

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**Quality of Life Experiences**

**On Going Activities**

- Art Program (His drawings were in movie "I am Sam." in 2001)
- Volunteer at retirement home
- Shopping / Market
- Mall
- Restaurants
- Coffee Bean
- YMCA - swimming
- Plays
- Concerts
- Professional Basketball Games
- Library
- Banking / Budgeting

**Periodic / One Time**

- Big Bear Lake (x many)
- Santa Barbara
- Plane to Sister's
- Harrah's Casino
- Las Vegas
- Harrah's Casino
- 5-day cruises to Ensenada (x2)
- Zion National Park

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**Marty**

**Case Study**

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## Referral

- Serious Physical Aggression
  - Four people off work as result
  - One person on permanent disability
- Self-Injury
- Property Destruction - Compulsive
- Restrained 100% of time
  - 5 – point restraint during day
  - 4 – point restraint at night
  - Walking restraints to use bathroom (shackles)
- Specifically: help to remove from restraint
- IABA asked to provide treatment

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## Description of Person

- 27-year-old man
- Chronic schizophrenia / Autism
  - Auditory Hallucinations
- Moderate Intellectual Disability
- Good communication and independent living skills

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### Living Arrangement

- State hospital unit for persons with Chronic Refractory Schizophrenia for 3 years.
- 1:1 staffing, 24-hours-a-day – required because he is in restraint
- Restraint essentially 100% of time
- Several other placements, including a Last Resort Treatment Facility (LRTF) for 5 years.

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### Medical History

- Good health
- No seizures
- Allergies
- Clozapine (700 mg / day)
  - Research Program
  - Re-Introduction of Clozapine

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**Last Resort Treatment Home**

Treatment

- Loss of privileges for physical aggression
- Water squirt in face for biting and head butting
- Force feed nonpreferred food (e.g., eggs) for physical aggression
- Air spray in face for nagging
- Vapor spray in face for self-injury, scream, hair pull
- Bad taste for grabbing others
- Loud “No”
- 10 x more rewards than aversives
- Reward for absence of physical aggression - DRO
- Response cost – take away points / tokens

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**State Hospital Treatment**

- Reward for absence of physical aggression, property damage and self injury
- Teaching / pleasant interaction Q 30’
- 15-minute seclusion for serious physical aggression, property damage & self injury.
  - Locked / Empty Room
- Canteen privileges earned
- 4 - 5 point restraint essentially 100% of time.
- While in Restraint - ROM every two hours / try to extend time out of restraint – Not Working
- No interaction while in restraint – No attention
- Out of restraint during ROM about 50’ day – one appendage at a time
- Social skills
  - Stopped when in Restraint

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**SCENARIO LEADING TO RESTRAINT**

- ENGAGES IN INFRACTION
- ESCORTED TO TIME OUT
- HIGH-RATE / DANGEROUS SOMERSAULTS
- CAN'T LEAVE TILL CALM
- NEW CONTINGENCY:
  - IF YOU SOMERSAULT WHEN IN TIME OUT
  - TAKEN TO RESTRAINT CHAIR.

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**CFA Highlights**  
**Target Behavior(s) and Functions**

- Physical Aggression
  - Cope with emotions / anxiety reduction
  - Coercion / force others to stop
  - Escape from demands / requests / communicate “No!”
  - Return to restraint / restraint dependence
- Property Destruction
  - Initiate / maintain social contact
  - Cope with stress / compulsion / the need to complete / stuck
  - Communicate desire to change clothing
  - Return to restraint / restraint dependence
- Somersaulting. WHY DOES HE SOMERSAULT?
  - Return to restraint / restraint dependence
  - Stress reduction.
  - Compulsion
- MEN ARE TRIGGER FOR PHYSICAL AGGRESSION

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<b>PROACTIVE STRATEGIES</b>			<b>REACTIVE</b>
<u>Environmental Changes</u>	Teaching Skills	Prevention	Situational Management

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## Environmental Changes

- Start on hospital grounds for over 2 years
- Women staff only
- 1:1 Support, 12 hours / day
- Fade leg /arm restraint
  - Extend ROM time
  - Self-Mediated
    - Teach him to PUT ON and REMOVE restraint
    - Give him control
  - Loosen and untie
  - Velcro
- Supported living – Own Place
- Activity schedule
- Interactional guidelines
- Event preparation
  - I don't think so.
  - Not now!
  - Not today!
- Ecological inventory
- Good quality / competent psychiatric services

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Environmental Changes	<u>Teaching Skills</u>	Prevention	Situational Management

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## Teaching Skills

- General Skills
  - Shopping, meal prep, laundry, cleaning, transport, telephone
- Communication – Give permission and then validate his message!
  - Don't be silly
  - I don't want to \_\_\_\_\_
  - I need help
- Personal Effectiveness Training - Social Skills
- Relaxation training
  - Take a deep breath
  - Tighten Fist
  - Let it out
- Somersaulting Time

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<b>Environmental Changes</b>	<b>Teaching Skills</b>	<b><u>Prevention</u></b>	<b>Situational Management</b>

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- ### Prevention Strategies
- Antecedent Control
    - Don't ignore / respond / help
    - Don't demand / ask
    - Don't lay hands on
    - Don't show fear / confidence
    - Don't say
      - "You can't!"
      - "You better not!"
      - "You must!"
      - If you say \_\_\_\_; He MUST!!!!
    - Find another way
  - Reinforcement Strategies
    - Reward for absence of Physical Aggression, Property Damage and Self Injury at end of shift for "Pick a card"
    - Token card leading to special meal
    - Reward for absence of dangerous somersaults.
    - Reward for somersaulting during designated time

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<b>MULTI-ELEMENT BEHAVIOR SUPPORT (MEBS)</b>			
<b>PROACTIVE STRATEGIES</b>			<b>REACTIVE</b>
<b>Environmental Changes</b>	<b>Teaching Skills</b>	<b>Prevention</b>	<b><u>Situational Management</u></b>

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- ## Reactive Strategies
- Reassurance
  - Solve his problem
    - Close the blinds
    - Put things away he is perseverating on
    - Facilitate safety
      - The slide
  - Active listening
  - Relaxation
  - Redirect
  - Help him complete the compulsion
    - Placement
  - Gently support
  - Call for assistance
  - Stimulus change
    - Phone call
    - Need help
    - Favorite music
    - Sing and dance
    - Act like a chicken

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<b>MEDIATION</b>					
<b>TRAINING</b>			<b>CHANGE AGENTS</b>		
General	Specific	Compliance	Natural	Specialized	Professional
<b>Training / Supervision</b>			<b>Glenn's Team</b>		
IABA CBT	Three Tiered	PSR	Family & Friends	1:1 Support	Psychiatrist

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<h2>Life Experiences - Hospital</h2>	
<ul style="list-style-type: none"> <li>• Softball</li> <li>• Walks</li> <li>• Basketball</li> <li>• Bowling</li> <li>• Hikes</li> <li>• Feed Animals</li> <li>• Art Therapy</li> <li>• Movies in Gym</li> <li>• Cooking Class</li> <li>• Dances</li> <li>• Bike Rides</li> <li>• Shoot Pool</li> <li>• Workshop</li> <li>• Group Therapy</li> <li>• Laundry</li> <li>• Clean Closet</li> </ul>	<ul style="list-style-type: none"> <li>• Ping Pong</li> <li>• Bowling</li> <li>• Movies in Gym</li> <li>• Call Parents</li> <li>• Cooking Class</li> <li>• Bike Riding</li> <li>• Basketball</li> <li>• Frizbee</li> <li>• Shoot Pool</li> <li>• Dinner Cart</li> </ul>

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## Life Experiences (Community)

- Movies at Theater
- Hang at Apartment
- Synagogue
- Shopping
- Visit IABA Office
- Duck Pond
- Park
- Beach / Picnics
- Outlet Mall
- Thrift Stores
- Recycling Center
- Walmart
- Restaurants
- Banking
- Swap meet
- Doctor's Appointments
- Pier
- Walks with Dad
- Harbor
- Laundromat
- Church
- Supercuts
- Friend's House
- Santa Barbara
- Super Bowl Party
- Book Store
- Restaurants
- Public Transport

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## Conclusion

- Multi-element approach resulted in:
  - Gradual reduction of restraint without escalation of behavior
  - Movement into community without escalation
  - Improvement in quality of life
  - Has lived in the community – in his own home for over 20 years

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**Jerry**

A Case Study

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**Referral**

- 35-year-old Man
- Assaultive behavior at his workshop
- Workshop wants to terminate his enrollment
- Parents refuse to allow termination (on the board)

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## Description of the Person

- 35-year old man
- Mild Intellectual Disability, Suggested Schizophrenia
- Excellent Communication Skills and Independent Living Skills
- Reads, Writes, Calculates

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## Living Arrangement / Day Service

- Lives in Large Group Home – Several Units on Large Campus
- Sheltered Workshop Serving Over 150 Individuals
  - Piece work
  - Staff described him as CRAZY.

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## CFA Highlights

- Physical Aggression and Property Damage
  - Bites knuckle of his right hand
  - Give the FINGER with his left hand
  - Pick up an object (usually chair) and throw it at staff
  - Reportedly happens SEVERAL TIMES A DAY
- When asked, “What sets off this behavior?” they replied, “Nothing, he just flips out! He’s crazy.”

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## CFA Highlights

- Antecedent Analysis – Staff report:
  - Everywhere!
  - With anyone!
  - Anytime of day!
  - Nothing we do!
- In-vivo walk through of recent incidents
- Review of Special Incident Reports and Notes
  - Almost every incident was preceded by CRITICISM
    - “That’s not the way to do it!”
    - “You could do better!”
    - “Is that the way I showed you how to do it?”
    - “Not that way!”
    - “You need to fix that!”
    - “I just looked at him with disapproval!” EVIL EYE

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## CFA Highlights

- Ask him “What should you do when someone \_\_\_\_\_?”
  - He has the answers!!!!
- Social Skills Training for Many Years
  - Learned to REGURGITATE answers
  - Never seen him use strategies in REAL LIFE
  - When criticized simply went from 0 to 100 emotionally.

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## CFA Highlights

- Why does he engage in behavior?
  - Lack of coping skills
  - Reduction of momentary emotion (like exercise)
    - FEELS BETTER
    - CALM

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<b>MULTI-ELEMENT BEHAVIOR SUPPORT (MEBS)</b>			
<b>PROACTIVE STRATEGIES</b>			<b>REACTIVE</b>
Environmental Changes	Teaching Skills	<u>Prevention</u>	Situational Management

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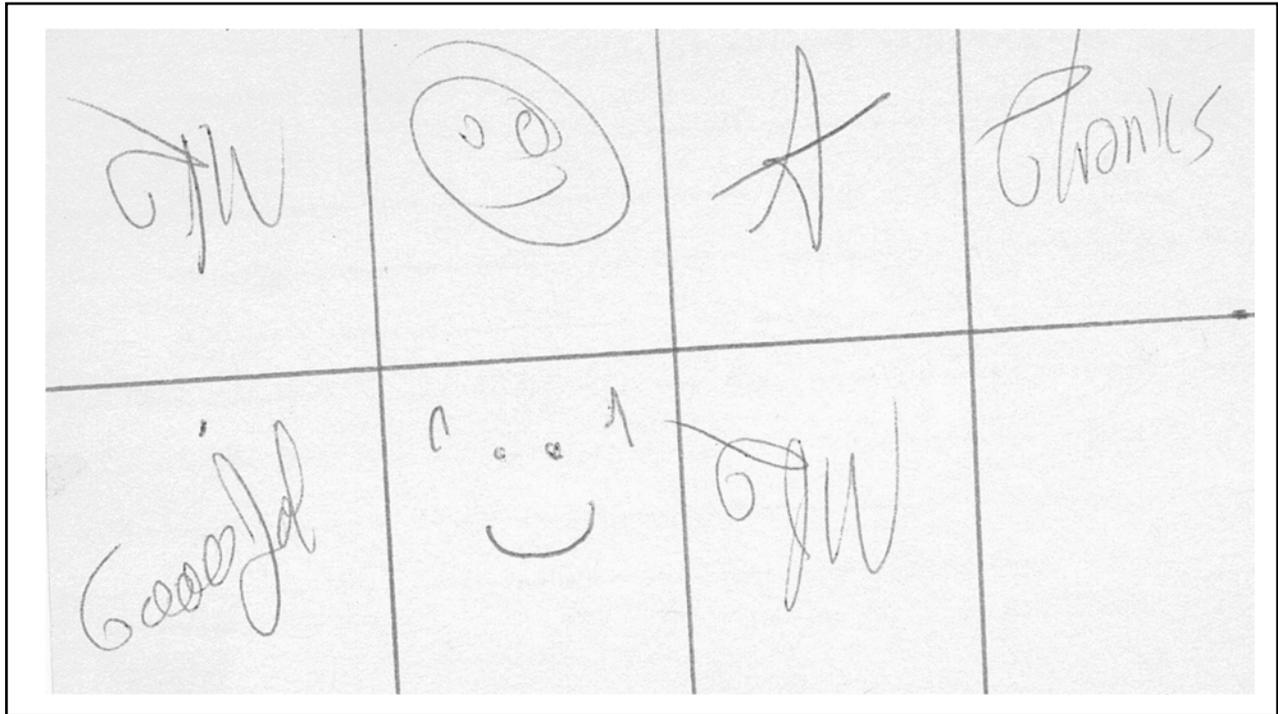
73

<h2>Prevention Strategies</h2>	
<ul style="list-style-type: none"> <li>• Antecedent Control               <ul style="list-style-type: none"> <li>– Don't criticize – but if you do, duck / get out of the way.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• REINFORCE with tokens for participating in training.</li> <li>• REINFORCE for the absence of Finger-Finger-Throw               <ul style="list-style-type: none"> <li>– Every hour a signature or mark card for absence of aggression</li> <li>– Signatures exchanged at home at the Token Store</li> <li>– Signatures placed on WEEKLY EARNING CHART</li> </ul> </li> </ul>

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<b>MULTI-ELEMENT BEHAVIOR SUPPORT (MEBS)</b>			
<b>PROACTIVE STRATEGIES</b>			<b>REACTIVE</b>
<u>Environmental Changes</u>	Teaching Skills	Prevention	Situational Management

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## Treatment Strategies

### Ecological Strategies

- Intensive Consultation – 24 hours a month
- Interactional Guidelines
  - How to criticize without criticizing
    - This is how I might do it
    - Let me suggest a slight change
    - Let me do it and you tell me how I could better do it
- Staff Training
  - Why we ALL misbehave?
  - How behavior works?

### Positive Programming

- Use your words
- Relaxation
- Incident-Based Social Skills Training

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## Incident-Based Social Skills Training

### List of Real Life Incidents - Antecedents

- Hmmmmmmmm (Critically)
- Is that the way your were taught to do \_\_\_\_\_?
- That's not the way to do it.
- You can do better.
- I've told you a hundred times that's not the wat to do it.
- Is there something wrong with you.
- If you would just listen.
- No, not that way.
- Here we go again.
- Can't you do a good job like (name).
- I'm not going to tell you again.
- Really, is that the way you are supposed to do it?
- And so on.

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**Incident-Based Social Skills Training**

Develop Scripts for Each Trigger

■ **Script 1 - Staff**

- ◆ **Setup: Jerry is sitting at his workstation. He is suppose to be working but is doodling with a pencil on a piece of paper.**
- ◆ **Staff**
  - ◆ **Approach Jerry quietly**
  - ◆ **Stand quietly looking down at him “doodling” on the piece of paper.**
  - ◆ **Place your index finger gently on the paper where he is ”doodling” and say, “Hmmmmmmmmm.”**

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**Incident-Based Social Skills Training**

Develop Scripts for Each Trigger

■ **Script 1 – Jerry**

- **Look up at the person criticizing you.**
- **Look at him right in the eye.**
- **Ask him, “Is there a problem?”**
- **Don’t say anymore.**

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**Incident-Based Social Skills Training**

Develop Scripts for Each Trigger

■ **Script #97 - Staff**

- ◆ **Setup: Jerry is sitting at his workstation. He has been working, but he has done a sloppy job. He put the wrong screws in the zip-lock bag.**
- ◆ **Staff:**
  - ◆ **Approach Jerry angrily.**
  - ◆ **Slap the table in front of him.**
  - ◆ **Point your finger at him and shake it.**
  - ◆ **Yell at him saying, “That is absolutely the worst job I have ever seen. I have told you a thousand times how to do it and you can’t get it right. You must be stupid. What to I have to do for you to get it right?”**
  - ◆ **Stand there staring at him.**

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**Incident-Based Social Skills Training**

Develop Scripts for Each Trigger

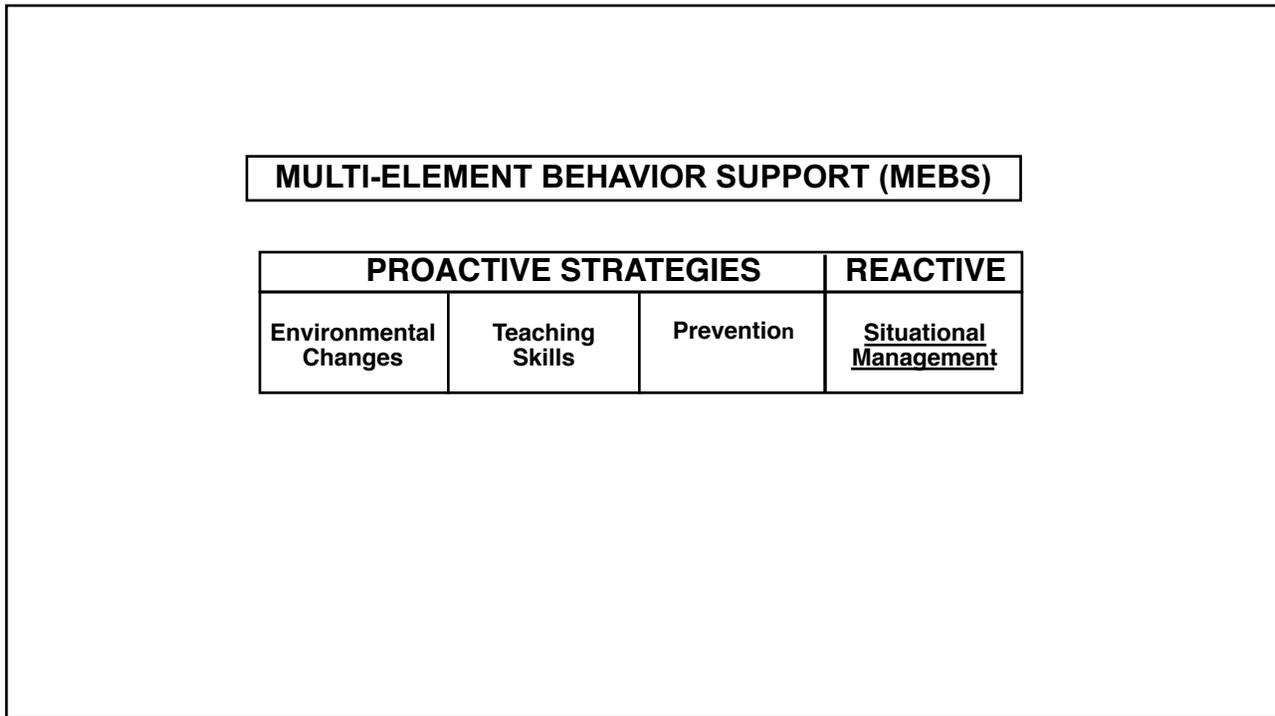
■ **Script 97 – Jerry**

- **Look up at the person criticizing you.**
- **Look him right in the eye – Not Angry.**
- **Say to him, “You don’t have the right to talk to me like that.**
- **Get up and walk away without swaying anything more.**

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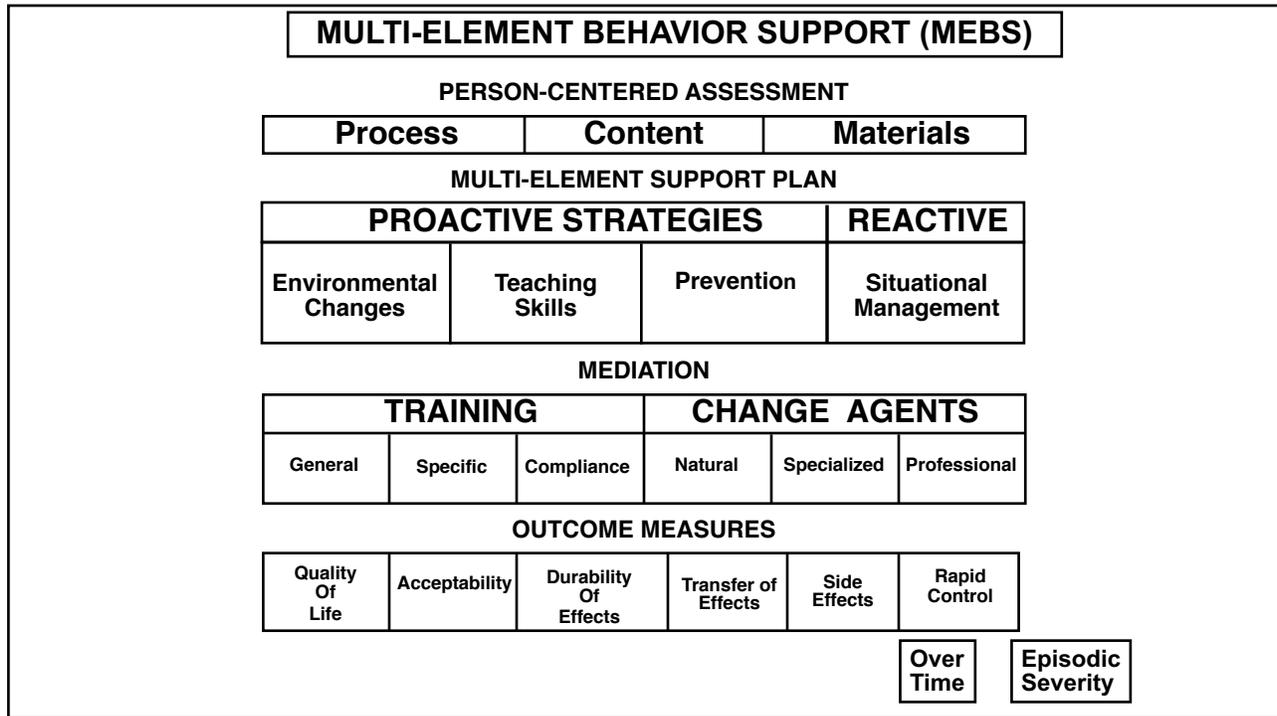
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## Reactive Strategies

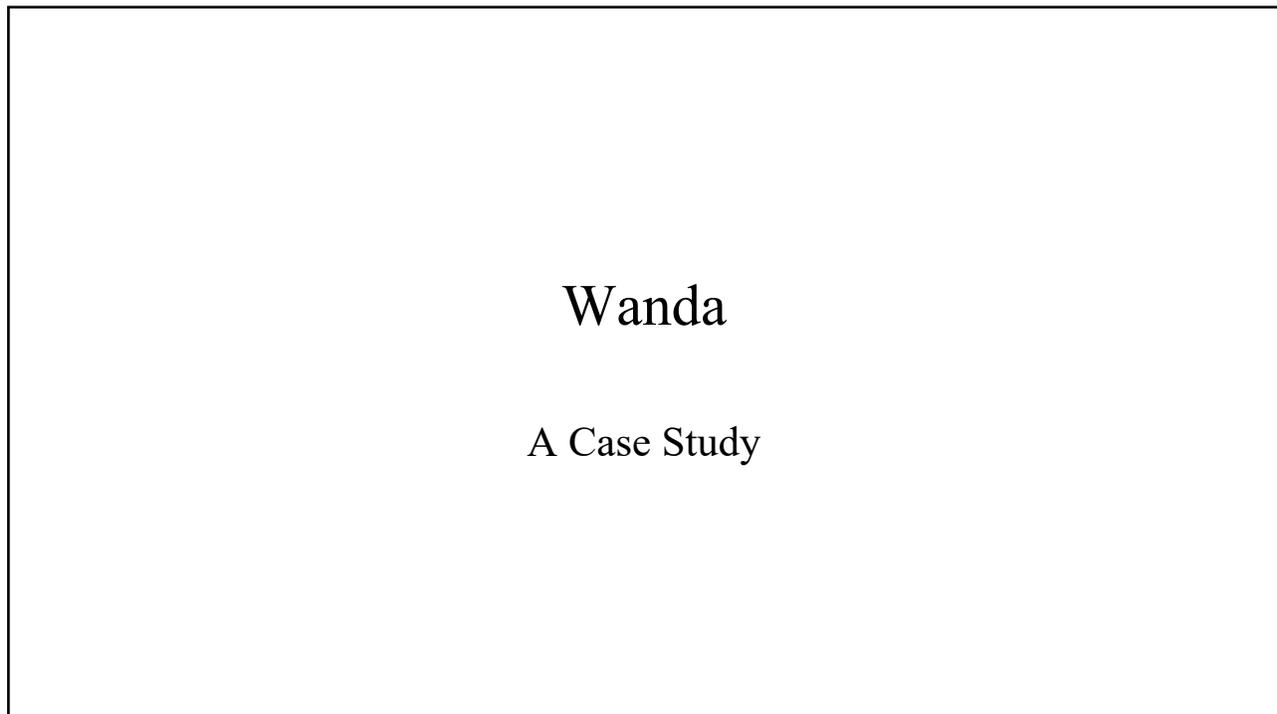
- Reassurance
- Solve his problem.
- Can I help you?
- Active Listening
- Divert:
  - Can you help me \_\_\_?
  - Do me a favor please!
  - How many signatures do you have?
  - Let’s look at your MENU chart!

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## Referral

- 38-year-old woman
- Physical aggression toward clients in residence
- Residence is considering terminating her from residence
- Has injured several clients and staff

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## Description of the Person

- 38-year-old woman
- Moderate Intellectual Difficulties
- Limited Communication Skills – Words and Phrases
- Can follow simple 1 and 2 – Step Directions
- Some Verbal Prompts to Complete Self-Care / Daily Living Skills
- Does Not Read, Write, Calculate, Tell Time

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## Living Arrangement / Day Service

- Lives in Large Group Home with Seventeen Other Men and Women
- Congested / Noisy / Chaotic
- 1:3 Staff to Client Ratio
- All with Intellectual Difficulties
- Attends an Adult Day Service 5-days a week

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## CFA Highlights

- Response Class - Outbursts / 132 incidents per month
  - Screaming
  - Physical aggression
    - Jump on others
    - Bite
    - Scratch
  - Self-Injury
    - Hit Head
  - Property damage
    - Torn clothing
    - Broken objects

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## CFA Highlights

- Course of the Behavior
  - When someone screams,
    - She turns toward the person,
    - She screams and face reddens
    - Strikes her head
    - She raises her hands to shoulder level , grimaces, and runs toward the person screaming.
    - She jumps on the person, wrestles the person to the floor, bites, scratches and claws.
  - Vacuum turned on,

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## CFA Highlights

- Antecedent Analysis
  - People who Scream
  - Vacuums
  - Commercial Floor Buffers
  - STREET SWEEPERS

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## CFA Highlights

- Previous Treatment
  - Time out from positive reinforcement
  - Loss of privileges – Can't go into community / movies
  - Separate / Remove / Restrain
  - Reinforcement for being friendly and for the absence of aggression
  - NO APPARENT IMPACT – WHY????
    - Doesn't solve her problem!
    - Doesn't help her cope with the situation!
    - Doesn't reduce the ANGER / ANXIETY she is feeling!

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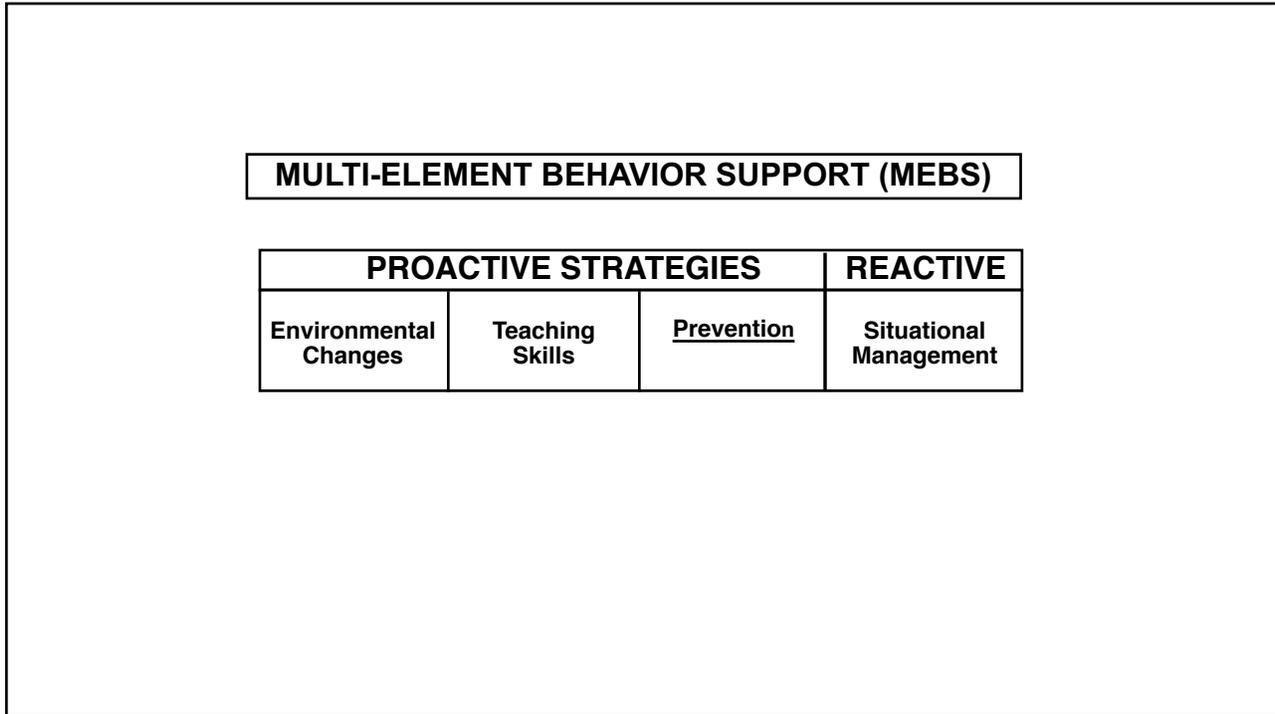
## CFA Highlights

- Why does she engage in behavior?
  - Communicate – "Stop the noise!" "Turn it off!" "Help me!"
  - Escape / Stop the noise
  - Lack of coping skills
    - She has never learned to cope with everyday unpleasant events such as:
      - Noise
      - Crowding

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## Prevention Strategies

- Antecedent Control
  - Don't vacuum around Wanda
  - Don't buff the floors when Wanda is present
  - React quickly to remove person who is "screaming"
- REINFORCE with tokens in a container for following directions.
- REINFORCE for the Absence of OUTBURSTS every TWO hours (signature on a card exchanged at end of day)

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## Treatment Strategies

- |  |   |
|--|---|
| <p><b>Ecological Strategies</b></p> <ul style="list-style-type: none"> <li>– Behavior Specialist – 40 hours per week</li> <li>– Residence – NOW we would recommend living in her own apartment</li> <li>– Interactional Guidelines</li> <li>– Staff Training             <ul style="list-style-type: none"> <li>• Weekly In-Service Training</li> <li>• Three-Tiered Training</li> </ul> </li> <li>– Clinical Supervision</li> </ul> | <p><b>Positive Programming</b></p> <ul style="list-style-type: none"> <li>– Escape Card to leave area.</li> <li>– Coping Skills             <ul style="list-style-type: none"> <li>• Systematic Desensitization                 <ul style="list-style-type: none"> <li>– Screaming</li> <li>– Vacuum</li> </ul> </li> </ul> </li> </ul> |
|--|---|

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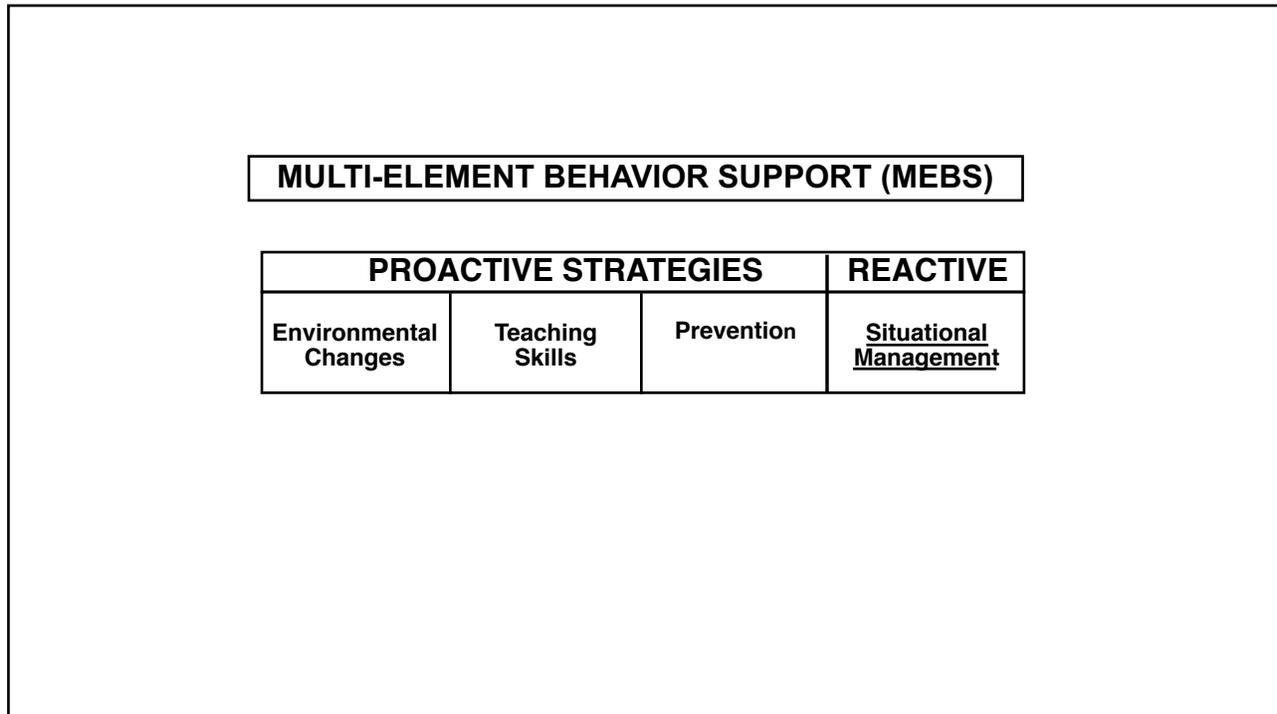
## Systematic Desensitization

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Teach Relaxation             <ul style="list-style-type: none"> <li>– Progressive Muscle Relaxation</li> <li>– Session – 10 minutes every hour from 4 to 8 pm</li> <li>– Snacks shared</li> <li>– 3 weeks to teach relaxation</li> </ul> </li> <li>• Cope with Screaming             <ul style="list-style-type: none"> <li>– Screaming tape</li> <li>– Hierarchy of screaming</li> <li>– Gradually ascent hierarchy                 <ul style="list-style-type: none"> <li>• Barely audible at 2 feet</li> <li>• 90 db</li> </ul> </li> <li>– 8 Weeks</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Cope with Vacuum Noise             <ul style="list-style-type: none"> <li>– Relaxation</li> <li>– Door Closed</li> <li>– Vacuum running 90 down hallway</li> <li>– Brought 2ft closer each session</li> <li>– Outside closed door</li> <li>– Door gradually opened</li> <li>– Consultant vacuuming room while she relaxed</li> <li>– 10 Weeks</li> <li>– Facility vacuumer</li> </ul> </li> </ul> |
|--|--|

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## Reactive Strategies

<ul style="list-style-type: none"> <li>• Active Listening</li> <li>• Solve her problem</li> <li>• Eliminate the source of the problem:             <ul style="list-style-type: none"> <li>– Away from noise</li> </ul> </li> <li>• Prompt to use ESCAPE CARD</li> <li>• Redirect away from TRIGGER – “C’mon Wanda, help me ___!”</li> <li>• ”Where is Wally?” Her favorite toy.</li> </ul>	<ul style="list-style-type: none"> <li>• Geographical Containment             <ul style="list-style-type: none"> <li>– Bean bag chairs</li> <li>– Couch cushions</li> <li>– Evasion</li> </ul> </li> <li>• Remind her of reinforcement programs</li> <li>• Stimulus change             <ul style="list-style-type: none"> <li>– Feign falling</li> <li>– Skip through facility</li> <li>– Sing and dance - loudly</li> </ul> </li> </ul>
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## Outcome

- **Baseline:**
  - 132 Tantrums / Month
  - Includes all Topographies
- **Post Treatment**
  - 7 tantrums over a period of 13 months.
  - None had SCREAMING as a Trigger
  - NO TIME OUT
  - NO RESTRAINT
- **Quality of Life**
  - Living arrangement no longer in jeopardy
  - Paid job at facility to VACUUM.
    - She took great pride in this.
  - Attending regular community functions:
    - Movies
    - Dinner Out
    - Carnivals
    - Beach
    - Etc.
  - NO RESTRAINT

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## Conclusion

- **Multi-element approach resulted in:**
  - Gradual reduction in OUTBURSTS – including PHYSICAL AGGRESSION
  - Improvement in her Quality of Life
    - Prior to Treatment, activities in the community were rare for fear of encountering people playing loudly, baby’s screaming
      - No movies
      - No shopping
      - No arcades
    - Post Treatment – Greater access to community events

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